Appeal Type: Experimental	Appeal Category: IDET (Intradiscal Electrothermal Therapy)
Case Number: 0200167	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for IDET for treatment of a herniated disk.	Reason for Decision: External review agency determined that IDET is not in widespread use in this country and is not supported by scientific evidence. It has not yet been shown to improve clinical outcomes.

Appeal Type: Experimental	Appeal Category: IDET (Intradiscal Electrothermal Therapy)
Case Number: 0200170	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for IDET to treat back pain.	Reason for Decision: External review agency determined that there are no randomized, controlled studies to show that IDET is safe and effective. It has not yet been shown to improve outcomes in patients with back pain.

Appeal Type: Experimental	Appeal Category: IDET (Intradiscal Electrothermal Therapy)
Case Number: 0200173	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for IDET to treat lower back pain.	Reason for Decision: External review agency determined that this procedure is still considered experimental as it has not yet been shown to improve outcomes in patients with lower back pain.

Appeal Type: Experimental	Appeal Category: Home Sleep Studies
Case Number: 0200185	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for a sleep study to be done at the patient's home rather than a hospital setting.	Reason for Decision: External review agency determined that this level of testing is reserved for emergencies due to its quickness and simplicity. Also, there is lack of studies comparing this method (SNAP) to in-hospital testing. It is considered experimental and not a covered benefit.

Appeal Type: Experimental	Appeal Category: Autologulous Chondrocyte Implantation (ACI)
Case Number: 0200190	Appeal Decision: Overturned
Case Summary: Parent requesting coverage for ACI to repair knee damage to her young child.	Reason for Decision: External review agency determined that many studies have shown the success of this procedure despite there being on children of the patient's age. There are no other reasonable alternatives for this patient.

Appeal Type: Experimental	Appeal Category: Lap Band Procedure
Case Number: 0200201	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for the Lap Band Procedure to assist in weight loss for treatment of obesity.	Reason for Decision: External review agency determined that due to the paucity of literature in the United States regarding this procedure, it is still considered investigational at this time and is therefore not a covered benefit.

Appeal Type: Experimental	Appeal Category: Non-Invasive Colonoscopy
Case Number: 0200222	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for non-invasive colonoscopy due to chronic anemia and a question of polyps.	Reason for Decision: External review agency determined that this procedure is still in its infancy. No major gastroenterological society has considered it a standard of care that should be offered to patients.

Appeal Type: Experimental	Appeal Category: Radiofrequency Ablation
Case Number: 0200233	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for radiofrequency ablation to treat renal cancer.	Reason for Decision: External review agency determined that this procedure is not in widespread use and its use on metastatic renal carcinoma is not supported by scientific evidence. There is no published information on the effectiveness of this procedure on patients with metastatic renal carcinoma. Since he is not symptomatic, standard procedure is nephrectomy and other therapies.

Appeal Type: Experimental	Appeal Category: Lap Band Prodedure
Case Number: 0200274	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for Lap Band Procedure in order to assist with weight loss.	Reason for Decision: External review agency determined that this procedure has gone through experimental trials and has been deemed safe to implant by the FDA. Literature from surgeons who are well past the learning curve phase of performing this procedure and have implanted hundreds or thousands of Lap Bands is most reliable and shows the procedure to be safe and effective.

Appeal Type: Experimental	Appeal Category: TENS Unit
Case Number: 0200285	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for use of a TENS unit for management of back pain.	Reason for Decision: External review agency determined that the use of a TENS unit for chronic back pain is not in widespread use and is not supported by scientific evidence. There are no progressive studies that prove its efficacy for long term use.

Appeal Type: Experimental	Appeal Category: IDET (Intradiscal Electrothermal Therapy)
Case Number: 0200291	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for IDET for treatment of lower back pain.	Reason for Decision: External review agency determined that IDET is not in widespread use and is not supported by scientific evidence. There are no long or intermediate term randomized controlled studies to show that IDET is safe and effective.

Appeal Type: Experimental	Appeal Category: Autologulous Chondrocyte Implantation (ACI)
Case Number: 0200298	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for Autologulous Chondrocyte Implantation (ACI).	Reason for Decision: External review agency determined that the patient has already had a grafting and the bone had healed, therefore ACI is the appropriate and proven procedure to restore the articular cartilage. It is a commonly used procedure and has become the standard of care for the treatment of full thickness articular cartilage defects.

Appeal Type: Experimental	Appeal Category: Kyphoplasty
Case Number: 0200309	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for Kyphoplasty to treat a compression fracture on the patient's lower vertebrae.	Reason for Decision: External review agency determined that the outcomes and risks of this procedure are not adequately documented in scientific literature. The safety and efficacy of this procedure have also not been well documented. The ability of Kyphoplasty to recreate the normal vertebrae height as claimed by its proponents has not been proven and is the subject of much debate.

Appeal Type: Experimental	Appeal Category: Biliopancreatic Diversion with Duodenal Switch
Case Number: 0200315	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for biliopancreatic diversion with duodenal switch for weight loss purposes.	Reason for Decision: External review agency determined that there are no studies beyond 2 years that show the safety and efficacy of the duodenal switch. The published works provided do not address complications, including those observed in the reviewer's own practice. More studies are needed beyond 2 years and showing complications that may arise.

Appeal Type: Experimental	Appeal Category: Allogeneic Bone Marrow Transplant
Case Number: 0200330	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for allogeneic bone marrow transplant to treat rhabomyosarcoma.	Reason for Decision: External review agency determined that this procedure is considered experimental. However, the initial treatment plan for this patient was approved by the health plan and included this procedure following chemotherapy with autologous rescue. In approving this treatment plan the health plan implicitly approved the entire treatment plan, including this procedure.

Appeal Type: Experimental	Appeal Category: IDET (Intradiscal Electrothermal Therapy)
Case Number: 0200346	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for IDET to alleviate severe lower back pain.	Reason for Decision: External review agency determined that the health benefits and risks of IDET are not adequately documented in scientific literature. The mechanism of IDET on the vertebral disk is not completely understood, although theories exist. The procedure is considered experimental until better studies exist.

Appeal Type: Experimental	Appeal Category: Extracorporeal Shockwave Treatment
Case Number: 0200348	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for extracorporeal shockwave treatment to treat constant pain in both feet due to heel spurs.	Reason for Decision: External review agency determined that the current medical literature support the position that this procedure is promising, but is still experimental for treatment of plantar fascitis. Conservative therapy for up to one year followed by plantar fasciotomy remains the standard of care.

Appeal Type: Experimental	Appeal Category: Laser Hair Removal
Case Number: 0200360	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for laser hair removal and emla cream to treat eczema, cysts, and boils.	Reason for Decision: External review agency determined that there are no published studies for laser hair removal as a treatment for this condition. The patient does not meet the health plan's medical necessity criteria for use of Emla cream and it is not covered for use as part of a hair removal treatment.

Appeal Type: Experimental	Appeal Category: Stretta Procedure
Case Number: 0200366	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for the stretta procedure for treatment of gastroesophageal reflux disease (GERD).	Reason for Decision: External review agency determined that the role of the stretta procure in management of GERD is not yet defined and the long term effects of the procedure are largely unknown.

Appeal Type: Experimental	Appeal Category: Metal on Metal Hip Arthroplasty
Case Number: 0200407	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for metal on metal hip arthroplasty as the patient is young and this procedure is said to last much longer than conventional hip replacements.	Reason for Decision: External review agency determined that this procedure does not have final approval from the appropriate government regulatory body. There is no significant peer review literature advocating use of this device and is currently being performed only in clinical study centers.

Appeal Type: Experimental	Appeal Category: Laser Photocoagulation Treatment for TTTS
Case Number: 0200420	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for laser treatment for Twin to Twin Transfusion Syndrome.	Reason for Decision: External review agency determined this procedure to be novel, but not experimental. The health plan itself was willing to cover services if performed in Rhode Island. The treatment of cervical cerclage was medically necessary in this case or the pregnancy would have lost before the benefits of the normalization of the amniotic fluid volumes could have been realized. This procedure is a covered benefit as it was medically necessary and not experimental.

Appeal Type: Experimental	Appeal Category: High-dose Brachytherapy
Case Number: 0200446	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for a consultation with an out-of-plan provider for information regarding High-dose Brachytherapy for treatment of prostate cancer.	Reason for Decision: External review agency determined that this type of treatment is not in widespread use and is not supported by scientific evidence. Medical literature indicates that it does not yet have long-term results to compare it to other treatment modalities, including more conventional brachytherapy.

Appeal Type: Experimental	Appeal Category: Lap Band Procedure
Case Number: 0200450	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for the Lap Band Procedure to assist in weight loss for treatment of obesity.	Reason for Decision: External review agency determined that the Lap Band Procedure has been approved by the FDA and there is scientific evidence confirming weight loss and improved health with this procedure. However, it is not more beneficial, in fact, less beneficial than other surgical procedures when current evidence is reviewed. This is not the best available treatment for this patient.

Appeal Type: Experimental	Appeal Category: Metal on Metal Hip Arthroplasty
Case Number: 0200451	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for metal-on-metal hip resurfacing with hybrid fixation procedure.	Reason for Decision: External review agency determined that this procedure and devise are not in widespread use and are not yet supported by scientific evidence. Medical literature indicates they are in clinical trial and are only available through a few surgeons in the country.

Appeal Type: Experimental	Appeal Category: Lap Band Procedure
Case Number: 0200463	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for the Lap Band Procedure to assist with weight loss.	Reason for Decision: External review agency determined that there are several studies examining the safety and efficacy of this procedure. There are also studies that demonstrate satisfactory weight loss following this procedure with acceptable complication rates in multidisciplinary weight loss programs.

Appeal Type: Experimental	Appeal Category: Ankle Allograft
Case Number: 0200483	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for Ankle (Osteochondral) Allografting.	Reason for Decision: External review agency determined that this procedure is not in widespread use and is not supported by scientific evidence. The clinical experience with this procedure is still emerging. The generally accepted treatment is ankle arthrodesis.